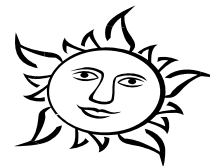




Division of Welfare and Supportive Services  
**ENERGY ASSISTANCE  
APPLICATION**



The **Energy Assistance Program (EAP)** is designed to help eligible Nevada households with their heating and electric costs. **However, it is NOT an emergency program.**

**EAP** may also provide **Arrearage Assistance**, which is a **ONCE IN A LIFETIME** benefit to help a household bring past due charges on their heating and/or electric bill(s) current. To be eligible, households must meet specific criteria. (See Section C of application.)

**\* INCOME REQUIREMENTS \***

The total gross monthly income of all household members may not exceed the amounts shown in the chart below.

<b>YOUR HOUSEHOLD'S GROSS MONTHLY INCOME MAY NOT EXCEED:</b>					
Persons in Household	Annual Income	Monthly Income	Persons in Household	Annual Income	Monthly Income
1	\$15,315	\$1,276	5	\$36,195	\$3,016
2	\$20,535	\$1,711	6	\$41,415	\$3,451
3	\$25,755	\$2,146	7	\$46,635	\$3,886
4	\$30,975	\$2,581	8	\$51,855	\$4,321

Households who meet specific criteria and whose gross income exceeds the limit, may have their income reduced by allowable expenses.

**\* BENEFITS \***

Eligible households receive an annual one-time per year benefit, called a “fixed annual credit,” which is paid directly to their energy provider. The benefit shows as a credit on the bill.

**MINIMUM PAYMENT** – The minimum yearly payment for eligible households is \$180.

**\* WHEN TO APPLY \***

- ➔ If your family is not currently on the program, apply **NOW**.
- ➔ If you received a benefit during the past 12 months, an application will automatically be mailed to you when it's time to reapply. If you submit an application prior to the date you're eligible to reapply, the application will be denied.

**\* WHAT DO I NEED? \***

Complete an EAP application and supply the documentation requested on the form. Suggested income verifications are noted on the back of this page. To get answers to other questions, call:

Reno/Carson City	1-866-846-2009
Las Vegas	(702) 486-1404
Toll Free	1-(866)-846-2009

Visit our website at: [www.welfare.state.nv.us/ess/eap](http://www.welfare.state.nv.us/ess/eap) for more information on the program requirements.

## REQUIRED PROOF OF INCOME DOCUMENTATION EXAMPLES

1099 and W-2 forms are **NOT** acceptable proof of income

All documentation sent with your application can be either originals or photocopies. If you cannot photocopy the originals, our office will be happy to copy the material and send it back after your case is processed, if you request the originals back.

**Earned Income:** Need copies of check stubs for at least the **last thirty (30) consecutive days**. If paid weekly – 4 check stubs; paid bi-weekly or semi-monthly – 2 check stubs. A signed and dated statement on letterhead from your employer stating your gross income for the last thirty (30) days and how often you get paid, e.g., weekly, bi-weekly, semi-monthly, is acceptable if you don't have check stubs.

Earned income includes: income from **self-employment, i.e., business, child care, house cleaning, and other odd jobs**. The person you work for must state your pay amount, how often you are paid, and include their name, address and phone number. Business self-employment requires 12-month profit and loss statements.

**Unearned Income:** Unearned income includes **Social Security, SSI, Veterans Benefits, pensions, disability income, military income, unemployment, child support, alimony, interest income, dividends, regular insurance or annuity payments**. Provide copies of the benefit verification form or award letter from the entity providing the income. The benefit verification should be for the current year showing any cost of living raise. Child support/alimony income: copy of divorce decree/separation/settlement agreement, or dated letter from person paying the support (to include name, address and phone number), or copy of last check/statement from child support enforcement agency. Interest income/dividends: bank account statements, certificates of deposit, etc., if contains details and signed by financial institution; or broker's quarterly statement showing earnings.

**Recurring Gifts and/or Support:** Signed statement by the person providing the money on a regular basis, which indicates the amount of support, how often it is paid, and when the arrangement began; or dated and signed statement by the applicant identifying the name(s), address(es), and phone number(s) of the donor(s).

**Student Income:** Includes **ALL educational scholarships and grants, e.g., PELL, BEOG, SSIG and Veteran's Administration educational benefits**. Need written confirmation of amount of assistance, and educational institution's written confirmation of cost of the student's tuition, fees, books and equipment for prior two semesters. If benefits are paid directly to the student, copies of the latest benefit checks or cancelled checks for prior two semesters and copies of canceled checks or receipt for tuition, fees, books and equipment. Include summer school if this applies as well.

**Self-Employment Income:** The best thing to do is call the office and discuss what is needed in advance. Administration of or income from a non-profit organization is included under self-employment income. Profit and loss statements signed by the applicant detailing gross income and expenses during the last 12 months, copy of sales tax statement showing gross net proceeds, audited or unaudited financial statements, or a loan application listing income and expenses for the last 12 months are also acceptable verifications.

**Public Assistance Income:** Public agency's written statement with amount paid during the last month, the time frame covered, and the beneficiaries of aid; or, copy of award letter; or copy of check..

DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
**ENERGY ASSISTANCE PROGRAM**

**CLARK COUNTY OFFICE**

3330 E. Flamingo Rd., #55, Las Vegas, NV 89121  
Telephone: (702) 486-1404 Fax: (702) 486-1441

**OFFICE FOR ALL OTHER COUNTIES**

1470 College Parkway, Carson City, NV 89706-7924  
Local and Toll Free: 1-(866)-846-2009 Fax: (775) 684-0740

**APPLICATION FOR ASSISTANCE**

**Please complete every section and answer each question. Sign the application and the Rights and Obligations form. Failure to complete all sections and questions and/or sign the application and, Rights and Obligations, OR provide the requested documentation noted on the application, will delay processing your application and may result in your application being denied.**

**A. APPLICANT/HOUSEHOLD INFORMATION**

Complete the following for every person living in your home, **including** yourself *(attach additional page if necessary)*.

Name (Last, First, Middle) (Jr., Sr., III)	Relationship to You	S E X M/F	Date of Birth (mm/dd/yy)	A G E	U.S. Citizen or Eligible *Non-citizen		Disabled		Social Security Number
					Yes	No	Yes	No	
			SELF						

Are there additional people in your home? ☐ YES ☐ NO If "YES," list them on a separate sheet of paper.

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address *(If different from your home address.)* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( )	Day/Message/Cell Phone ( )	E-mail Address
-------------------	-------------------------------	----------------

**\*List the names of non-citizen household members authorized as legal residents of the United States.**

**Provide copies of the front and back of their I-688 (Temporary Resident Card) or I-551 (Resident Alien Card) with this application.**

**B. DWELLING INFORMATION**

**Renters: Provide complete copy of current rent or lease agreement.**

**Buyers: Provide copy of mortgage statement or coupon.**

- Dwelling Type: ☐ House ☐ Apartment ☐ Condo ☐ Rent Room ☐ Mobile Home  
☐ Duplex ☐ Motel/Hotel ☐ Studio ☐ Travel Trailer Other: \_\_\_\_\_
- Dwelling Cost: ☐ Rent \$ \_\_\_\_\_ ☐ Buy \$ \_\_\_\_\_ ☐ Space Rent \$ \_\_\_\_\_  
☐ Own When did you pay off your mortgage? \_\_\_\_\_
- Rent/Buyers only: Landlord, Project/Complex, Mortgage Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: ( ) \_\_\_\_\_
- Do you reside in subsidized housing where heating and electric are included in the rent? ☐ YES ☐ NO

**C. HELP US BETTER SERVE OTHERS**

How did you hear about the Energy Assistance Program? Check one that most applies:

- |                                      |  |   |  |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> TV          | <input type="checkbox"/> Friend                              | <input type="checkbox"/> Previous EAP Participant | <input type="checkbox"/> Other: <i>Please identify</i> |
| <input type="checkbox"/> Radio       | <input type="checkbox"/> Landlord                            | <input type="checkbox"/> Received Notice in Mail  |  |
| <input type="checkbox"/> Print Media | <input type="checkbox"/> Utility Company (flyer or employee) | <input type="checkbox"/> Social Service Employee  |  |

**D. UTILITY INFORMATION****HEATING SERVICE**  
(Attach Copy of Bill)**Check primary heating source:**☐ Natural Gas   ☐ Electric   ☐ Propane   ☐ Fuel Oil  
☐ Kerosene   ☐ Wood   ☐ Other \_\_\_\_\_**Check one that applies:**☐ Receive bill from utility company  
☐ Heating service included in rent/mortgage  
☐ Pay separate bill to landlord for heating service**ELECTRIC SERVICE**  
(Attach Copy of Bill)**Check one that applies:**☐ Receive bill from utility company  
☐ Electric service included in rent/mortgage  
☐ Pay separate bill to landlord for electric service

(Heating Company Name)

(Electric Company Name)

(Heating Account Number)

(Electric Account Number)

(Name On Account)

(Name On Account)

Is the person listed on the account your landlord? ☐ YES ☐ NO  
(If the account holder is **NOT** your landlord and does not live with you, provide their address, telephone number and relationship to you, on a separate piece of paper.)

Is the person listed on the account your landlord? ☐ YES ☐ NO  
(If this person is **NOT** your landlord and does not live with you, provide their address, telephone number and relationship to you, on a separate piece of paper.)

**ARREARAGE ASSISTANCE (Once in a Lifetime)****ARREARAGE ASSISTANCE (Once in a Lifetime)**

Do you have past due charges with your heating utility and want assistance to pay this debt? ☐ YES ☐ NO

Do you have past due charges with your electric utility and want assistance to pay this debt? ☐ YES ☐ NO

**If your heating and/or electric vendor is Southwest Gas, Sierra Pacific Power or Nevada Power Company, you need to provide a copy of your current utility bill. For all other energy providers, proof of the last 12 months of usage in dollars and therm, watts and/or gallons for your current address will be required. Proof can be in the form of your last 12 months bills or a print-out from your energy vendor.**

**E. HOW DO YOU WANT YOUR BENEFIT PAID?**

You can choose how you want your benefits paid: **(MARK ONLY ONE)**

☐ Split my benefit between my heating and electric vendor.   ☐ Pay my entire benefit to my heating vendor.   ☐ Pay my entire benefit to my electric vendor.

**If you choose a split payment, or a single payment to one vendor, and your benefit exceeds your annual usage for one vendor, your benefit will be paid to cover your annual usage for that vendor and the remaining benefit will be paid to the second vendor.**

**F. INCOME**

1. **EARNED INCOME:** Does any member of the household, regardless of age, work? ☐ YES ☐ NO If YES, complete the information below: (Include self-employment, business, child care, housecleaning, odd jobs, and non-profit organization income)

NAME OF PERSON WORKING	EMPLOYER	DATE OF HIRE	TYPE OF WORK)	GROSS PAY PER CHECK	HOW OFTEN PAID	TIPS PER MONTH

List all household members, age 18 or older, who are not currently employed:

NAME OF PERSON	FORMER EMPLOYER	DATE LAST WORKED	GROSS PAY PER CHECK	DO YOU EXPECT RE-EMPLOYMENT PENDING SSI? If YES, explain.

**Attach copies of all check stubs or other proof of gross earned income for at least the last thirty (30) days even if the person is no longer employed. EXCEPTION: Self-employment requires 12 months profit and loss statements. 1099s and W-2s are NOT acceptable proof of income.**

2. **UNEARNED INCOME:** Complete the following, indicating who, if anyone, receives money or benefits from the sources listed below. You must mark YES or NO for each income type and attach proof of all unearned income. *1099s and W-2s are NOT accepted proof of current income.*

YES	NO	INCOME TYPE	PERSON RECEIVING	GROSS AMOUNT	FREQUENCY
<input type="checkbox"/>	<input type="checkbox"/>	Alimony			
<input type="checkbox"/>	<input type="checkbox"/>	Boarders/Roomers ( <i>Attach notarized proof of rental or lease</i> )			
<input type="checkbox"/>	<input type="checkbox"/>	Child Support			
<input type="checkbox"/>	<input type="checkbox"/>	Contribution/Gifts / Church or Charitable Donations			
<input type="checkbox"/>	<input type="checkbox"/>	Educational Assistance / Student Loans ( <i>Attach proof of tuition, books and supplies for prior TWO semesters</i> )			
<input type="checkbox"/>	<input type="checkbox"/>	Food Stamps			
<input type="checkbox"/>	<input type="checkbox"/>	Foster Care			
<input type="checkbox"/>	<input type="checkbox"/>	County Assistance / General Assistance			
<input type="checkbox"/>	<input type="checkbox"/>	Interest / Dividends / Annuities / Royalties			
<input type="checkbox"/>	<input type="checkbox"/>	Loans			
<input type="checkbox"/>	<input type="checkbox"/>	Lump Sum Payments ( <i>Settlements / Back Pay, etc.</i> )			
<input type="checkbox"/>	<input type="checkbox"/>	Military Income / Allotment			
<input type="checkbox"/>	<input type="checkbox"/>	Mining Claims			
<input type="checkbox"/>	<input type="checkbox"/>	Panhandling			
<input type="checkbox"/>	<input type="checkbox"/>	Pensions / Retirement			
<input type="checkbox"/>	<input type="checkbox"/>	Property Rentals / Sale			
<input type="checkbox"/>	<input type="checkbox"/>	Railroad Retirement			
<input type="checkbox"/>	<input type="checkbox"/>	Room Rental ( <i>Attach notarized proof of rental or lease</i> )			
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Benefits (RSDI)			
<input type="checkbox"/>	<input type="checkbox"/>	Strike Benefits			
<input type="checkbox"/>	<input type="checkbox"/>	Subsidized Housing			
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)			
<input type="checkbox"/>	<input type="checkbox"/>	Supported Living Arrangement (SLA)			
<input type="checkbox"/>	<input type="checkbox"/>	TANF Assistance			
<input type="checkbox"/>	<input type="checkbox"/>	Tribal Assistance / Indian General Assistance (IGA)			
<input type="checkbox"/>	<input type="checkbox"/>	Trust Income ( <i>Provide proof if it is not accessible</i> )			
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Insurance			
<input type="checkbox"/>	<input type="checkbox"/>	Utility Allowance / Rebate Check			
<input type="checkbox"/>	<input type="checkbox"/>	Veterans Benefits			
<input type="checkbox"/>	<input type="checkbox"/>	Winnings			
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation or Temporary Disability			
<input type="checkbox"/>	<input type="checkbox"/>	Other			

If you do not have any income or if the household expenses (e.g., rent, utilities, food, etc.) are more than your household's income, please explain how you are able to meet these expenses. If someone is helping with your bills, how much help did you receive each month during the last six (6) months and from whom? (List each individual's name, address and telephone):

3. Do you expect any changes in the household's income or benefits? ☐ YES ☐ NO  
If YES, what? \_\_\_\_\_ When? \_\_\_\_\_

**Changes in income prior to certification will be used to determine eligibility.**

## G. RESOURCES/ASSETS

List all resources you now have. Check all that apply.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Savings Accounts           | <input type="checkbox"/> Trust Funds                             | <input type="checkbox"/> Keogh Accounts (401K)        |
| <input type="checkbox"/> Checking Accounts          | <input type="checkbox"/> Individual Retirement Accounts (IRA)    | <input type="checkbox"/> Christmas Club               |
| <input type="checkbox"/> Credit Union Accounts      | <input type="checkbox"/> Individual Indian Money Accounts (IIMA) | <input type="checkbox"/> Certificates of Deposit (CD) |
| <input type="checkbox"/> Business Checking Accounts | <input type="checkbox"/> Other Houses, Land or Buildings         | <input type="checkbox"/> Other Account Types          |
| <input type="checkbox"/> Stocks/Bonds               | <input type="checkbox"/> Promissory Notes or Contracts           | <input type="checkbox"/> Life Insurance Policies      |
| <input type="checkbox"/> Other _____                |  |   |

Owner(s)	Name and Address of Resource Institution	Resource Types	Account/Policy Number	Amount Value	Amount Owed

## H. RESPONSIBILITY

Any information provided in this form is strictly confidential and is used only to determine eligibility for DWSS programs. Any and all information provided is subject to verification and investigation by federal, state and local officials. If you do not cooperate in the review, your benefits may be denied or terminated. If you make a false or misleading statement, misrepresent, conceal or withhold facts necessary for the DWSS to make an accurate determination on your benefits or alter any document, your benefits may be denied, terminated or reduced. You are responsible for repayment of all monies, services and benefits for which you were not entitled. Additionally, you may also be barred from program participation, criminally prosecuted and/or otherwise penalized according to state and federal law.

Have you ever received and Intentional Program Violation (IPV)? ☐ YES ☐ NO If YES, in what State? \_\_\_\_\_

## I. AUTHORIZATION

By signing this application, I am authorizing the Department of Health and Human Services to make any investigation concerning me and any other member of my household as well as my child(ren)'s legal or natural parent(s) which may be necessary to determine eligibility for benefits received or to be received under programs administered by the Division of Welfare and Supportive Services. I hereby authorize and consent to the release of any and all information concerning me or my household members to the Division of Welfare and Supportive Services by the holder of the information regardless of the manner or form held, including by, without limitation, wage information, information made confidential by law or otherwise privileged under NRS 422A.320 or any other provision of law or otherwise. I hereby release the holder of such information from liability, if any, resulting from the disclosure of the required information. I acknowledge that a reproduced copy of this authorization legally constitutes an original copy.

I consent that the Division of Welfare and Supportive Services or its representatives may survey my energy usage, advise vendors of assistance grants, and status at the time of certification. If my eligibility/benefit determination was based on inaccurate or incomplete information that resulted in my household receiving benefits to which we were not entitled, it is my responsibility to repay the benefits of the Energy Assistance Program and I may be subject to criminal prosecution. I authorize the Energy Assistance Program to release information about my household, to include energy usage information, to the State of Nevada Housing Division, Weatherization Assistance Program, for possible eligibility in weatherizing my residence.

I understand the question on this application and the penalty for concealing or giving false information. In addition, I understand that if I make a false or misleading statement, conceal or withhold facts to establish or maintain program eligibility, my benefits may be reduced, denied, or terminated; I may be disqualified from program participation, criminally prosecuted, and/or otherwise penalized according to state and federal law. I understand that persons found guilty of intentionally violating Energy Assistance Program rules will be ineligible for program participation for one (1) year for the first violation, two (2) years for the second violation, and permanently barred from the program for the third violation.

I agree to notify the Energy Assistance Program of any changes in my household circumstances that may affect my benefits. I understand failure to report changes may cause an overpayment which I would be responsible to pay back and could even be prosecuted by a court of law. I swear I have honestly reported the citizenship of myself and anyone I am applying for.

**I certify under penalty of perjury, my answers are true, correct and complete to the best of my knowledge and ability.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Other Adult Member(s) in Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Other Adult Member(s) in Household: \_\_\_\_\_ Date: \_\_\_\_\_

**Division of Welfare and Supportive Services  
ENERGY ASSISTANCE PROGRAM  
NOTICE OF RIGHTS AND OBLIGATIONS**

**\*\*\*\* PLEASE READ AND SIGN BELOW \*\*\*\***

**A. You have the following RIGHTS:**

1. No person will be discriminated against for any reason, i.e., race, age, color, religion, sex, disability, handicap (including AIDS and AIDS related conditions), political belief or national origin, in any program administered by the Division of Welfare and Supportive Services. Violations of discrimination shall be promptly reported to the Energy Assistance Program office, the Division of Welfare and Supportive Services Administrator, 1470 College Parkway, Carson City, Nevada 89706-7924, (775) 684-0500, the U.S. Office for Civil Rights (OCR), Department of Health and Human Services, 50 United Nations Plaza, San Francisco, California 94102, (415) 437-8310, TDD (415) 437-8311 or by calling toll free 1-800-368-1019.
2. You have the right to a conference if you believe you have been unfairly treated or a mistake has been made concerning your eligibility for assistance. To request a conference, write or call the Energy Assistance Program.
3. You have the right to a hearing if you are not satisfied with the agency's action affecting your assistance if you request the hearing, in writing, within ninety (90) days of the agency's action/decision, unless the sole issue for the agency's action/decision is one of state or federal law requiring automatic benefit adjustment. You have the right to a hearing if your application for benefits is denied, reduced, acted upon erroneously, or not acted upon with reasonable promptness.
4. You have the right to a mailed notice of decision telling you if you are eligible for program benefits and in what amount, to whom payments will be made, and the approximate payment date(s); **or** a notice informing you that you are not eligible for program benefits and why.
5. Program staff is required to:
  - Inform applicants of the eligibility requirements for the program;
  - Counsel on required documents; and/or
  - Provide assistance to the applicant, when needed.

**B. You have the following OBLIGATIONS:**

1. Notify the Energy Assistance Program **within ten (10) working days** of any of the following. Failure to do so may delay processing your application, or result in denial of benefits or a reduction in benefits.
  - Any change in your household income **or** household size (number of people residing in the household);
  - If you change utility companies; or
  - If you move anytime after submitting your application.
2. Respond to any requests for additional information needed to process your application **within ten (10) working days**. It is your responsibility to ensure the requested materials are mailed or faxed early enough to meet the deadline provided to you. The Energy Assistance Program is not responsible for lost or misdirected mail, or faxes. (Be sure your name and SSN or UPI is on all documents/correspondence.)
3. Cooperate with the Energy Assistance Program in its efforts to secure all information necessary to determine eligibility or benefits.

**C. SPECIAL NOTE:**

1. If you are applying for the Energy Assistance Program, you may receive help with your heating and/or electric bills. **BUT REMEMBER, YOU MUST KEEP PAYING YOUR BILLS WHEN THEY ARE DUE.** If you do not pay them, the company can charge more money for paying late. The utility company can even turn off your service and you may be required to pay a deposit before they will turn your service on again. ***If you cannot pay your bill, contact the utility company and try to make payment arrangements.***
2. Persons found guilty of intentionally violating program rules will be ineligible for program participation for one (1) year for the first violation, two (2) years for the second violation, and permanently barred from the program for the third violation.

**My signature below indicates I understand the Rights and Obligations as an applicant for the Energy Assistance Program.**

Applicant/Recipient Signature

Date